THE STATE of ALASKA
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Department of Health

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March 28, 2023

Dear Tribal Health Leaders,

As it moves forward in the renewal process, the Department of Health (the department) wishes to express appreciation for the time and attention tribal health organizations spent reviewing the proposed renewal application for the Substance Use Disorder Treatment and Behavioral Health Program 1115 demonstration waiver (waiver) and drafting thoughtful comments for consideration. The following information represents a record of tribal comments (verbatim where included) and includes department responses to comments received during tribal consultation of the demonstration.

Tribal Comment #1 – (ANHB)

The Alaska Native Health Board (ANHB) writes to provide Tribal Consultation comment on the State of Alaska section 1115 Behavioral Health Demonstration Waiver (1115 Waiver) Extension Application. The Alaska Tribal Health System has been supportive of the primary objectives of the Waiver, and especially its focus on early intervention and community-based services.

1) We support rebalancing the behavioral health system of care to reduce Alaska's over reliance on acute, institutional care and shift to more community-based or regionally-based care.
2) Intervening as early as possible in the lives of Alaskans to address BH symptoms before symptoms cascade into functional impairments.
3) Improving overall BH System accountability by reforming the existing system of care.

Department Response –

The department appreciates the support and ongoing partnership with the Alaska Tribal Health System throughout the implementation of the waiver and ongoing support.

Tribal Comment #2 – (SCF) Introduction

Southcentral Foundation (SCF) provides the following comments on the proposed 1115 Waiver Renewal application. SCF has been supportive of the primary objectives of the Waiver, and especially its focus on early intervention and community-based services.

During the 1115 Waiver Informational Tribal Consultation session in September 2022, we discussed some of the successes we have seen under the 1115.

1) It is vital to have a package of services that providers can be paid for and the service range has been broadened.
2) We are all excited about the peer support services certification process and ability to bill for these services while partnering with individuals on their journey toward wellness.
3) Expansion beyond 16 allowable beds for substance Use Disorder (SUD) residential programs due to waiving the Institute for Mental Disease (IMD) exclusion.
4) Structure of the waiver has helped providers be more aware of the levels of care and has educated the

health care sector, public, and policymakers about the continuum of care.
5) There is an increased interest in standing up community-based programs.
6) Moving away from the bifurcated substance use disorder and mental health systems waivers and working toward integrating these services under the heading of a single Behavioral Health Reform Waiver is appreciated.

Department Response –
Please refer to the response for Tribal Comment #1.

Tribal Comment #3 – (ANHB) Challenges
We want to acknowledge the challenges we all have faced during the last three years with the pandemic and the cyber-attack while trying to stand up these new services.

Department Response –
The department recognizes that achieving the vision of the 1115 waiver is a long-term path complicated by the unexpected and unprecedented impacts of the COVID-19 pandemic. The COVID-19 pandemic created unanticipated barriers to implementation while contributing to more significant behavioral health needs across the state, disrupting typical service access, and exacerbating workforce challenges. Adding an additional challenge to the implementation period was the cyberattack in May 2021, which impacted 19 systems within the department. The confluence of the pandemic and cyberattack diverted resources and attention away from the implementation of the 1115 waiver services and the department is grateful for your recognition of the challenges and willingness to continue to move forward with service implementation.

Tribal Comment #4 – (SCF) Intention
During the past four years, SCF has transitioned the current services that we provided to the 1115 Waiver. We have added a new outpatient SUD program in the Matanuska-Susitna Borough, two behavioral health outpatient programs and are planning for 23-hour crisis stabilization and crisis residential programs. Our comments and recommendations are intended to help improve the waiver so it can work for all Alaskans, in particular the Tribal beneficiaries and community Medicaid recipients we serve.

Department Response –
The department acknowledges the level of effort and investment required for providers to stand up new services and recognizes the need for start-up resources and ongoing provider supports and training on the 1115 waiver services. The department is committed to ongoing partnership with tribal partners and appreciates the magnitude of effort SCF has made expanding services for tribal beneficiaries and community Medicaid recipients.

Tribal Comment #5 – (ANHB) Successes
During the September 2022, 1115 Waiver Informational Tribal Consultation session, we discussed some of the successes that we have seen under the 1115.

1) It is excellent to have a package of services that providers can get paid for and the service range has been broadened.
2) We are all excited about the Peer Support services certification process and ability to bill for these services while partnering with individuals on their journey towards wellness.
3) Expansion beyond 16 allowable beds for SUD residential programs due to waiving the IMD exclusion.
4) Structure of the Waiver has helped providers be more aware of the levels of care (better language around the continuum of care).
5) Interest in community-based programs.

Department Response –
The department appreciates this feedback regarding identification of successes for the waiver.

Tribal Comment #6 – (ANHB) Integration

We are pleased to see the department moving away from the bifurcated substance use disorder (SUD) and mental health systems and working towards integrating these services again under the heading of a Behavioral Health Reform Waiver. This has been a huge struggle for our organizations and even more challenging for smaller tribes/tribal health organizations (T/THOs) that operate both SUD and Mental Health care in one program.

Department Response –

The department appreciates the feedback and acknowledges the unanticipated bifurcation of the 1115 waiver application generated barriers to integrated care, a fundamental tenet in the original 1115 Waiver application. The department recognizes that despite the obstacle, tribal efforts to expand the continuum of care continue. The department is committed to establishing a solution for unifying the unintended silos created by the bifurcation.

Tribal Comment #7 – (ANHB) Missed Opportunity

Although we support the renewal of the Waiver, we want the consultation record to reflect that T/THOs do not want to miss an important opportunity that this renewal represents. Due to the timing of the renewal, there has not been an adequate opportunity to discuss expanding services around Social Determinant of Health that are essential to serving SUD individuals; or having a broader discussion on specific areas for amendments to the waiver's current terms and conditions to explore new opportunities to broaden the support the waiver seeks to provide for the continuum of behavioral health care in Alaska. One example of this missed opportunity is recent 1115 waiver options on addressing social determinants of health (SDOH) such as housing supports, transition assistance, nutritional support, and other areas. Many of these SDOH have documented links to behavioral health outcomes. We wish to make it clear that while we have not requested any amendments for the extension application to support its approval by CMS, we do wish to explore improvements and other opportunities for possible amendments to the waiver. We request a commitment from the State to explore these opportunities with the Alaska Tribal Health System, including the possible additions or amendments to the 1115 Waiver.

Department Response –

The department appreciates the support for the waiver renewal application and appreciates input on future enhancements to the behavioral health delivery system. The department will be considering further delivery system enhancements, such as health homes and Certified Community Behavioral Health Clinics (CCBHCs) as reform efforts continue, either through waiver amendments or alternative regulatory pathways. The department recognizes room for improvement in addressing social determinants of health. The department is committed to ongoing partnership with providers and community members and appreciates the suggestion for the creation of a shared vision.

Tribal Comment #8 – (ANHB) Intention

Our comments and recommendations are intended to help improve the Waiver, so that it can work for all Alaskans, in particular the tribal beneficiaries and community Medicaid recipients that we serve. We have discussed these concerns with the Division of Behavioral Health (DBH) over the course of the Waiver, and these concerns are reported in the renewal application, but we highlight that our concerns have never been fully addressed throughout the lifespan of the existing Waiver.

Department Response –

The department agrees that many concerns have been raised throughout the waiver implementation period that may not have been addressed succinctly. The department has used a range of Medicaid policy levers, including state policy and regulations, to respond to concerns, suggestions, and feedback throughout the life of the waiver. Unfortunately, these mechanisms could be more efficient in demonstrating the department's desire to react timely and nimbly. In the next phase of the 1115 Waiver, the department is committed to improving the timeliness of responding to recommendations.

Tribal Comment #9 – (ANHB) Current Rates

One area which we do not address below, but continues to be a concern is the sustainability of 1115 waiver services and the current rates for services. We submitted comments in the recent regulatory changes addressing rates, but did not want to fail to mention our on-going concern for that issue as well.

> Department Response –
> The department appreciates the feedback and acknowledges the need to increase reimbursement rates for waiver services. The department is in the process of pursuing a 4.5% rate increase through the standard regulation adoption process. Once the regulation is in place, the department is committed to operationalizing as quickly as possible. The planned 4.5% increase is distinct from other future rate-setting and rebasing decisions and activities. The division will continue to engage with community partners in conversations about service-specific rates.

Tribal Comment #10 – (ANHB) Data Sharing and Transparency

Throughout the past several years of waiver operation there has been a lack of data sharing and transparency around what data has been reported and where it was obtained. Data are key to understanding the state of the system and continuum of care and where there are gaps in services in order to target strategies and investments. While we are advocating for more data sharing and transparency, this should not come at the expense of placing more administrative burden and reporting requirements on providers. Coming out of the pandemic and COVID-19 recovery, our system and staff are fragile and cannot take on any new reporting burdens. The current data sets that are reported by providers to the DBH are more than adequate to provide public information about the state of the behavioral health system and the continuum of care, however, it has been difficult for behavioral health organizations and associations to receive any of these requested insights.

> Department Response –
> The department appreciates the suggestion to share data with tribal providers on a regular basis and acknowledges the tribal health system's need for accurate and timely data to inform programming and system planning. That said, it is important to note the constraints on the department's ability to share this information in a timely manner. The department submits regular data reports to the Center for Medicare and Medicaid Services (CMS), which must allow time for claims runout, reporting, and review by CMS. These processes take a long time but must be completed before the department can share them publicly. The department is willing to engage with providers and tribal health leaders in identifying other opportunities to provide transparent updates on waiver progress.

Tribal Comment #11 – (SCF) Data Sharing and Transparency

Throughout the past several years of waiver operation there has been a lack of data sharing and transparency around what data has been reported and where it was obtained. Data are key to understanding the state of the system and continuum of care and where there are gaps in services to target strategies and investments. While we are advocating for more data sharing and transparency, this should not come at the expense of placing more administrative burden and reporting requirements. The current data sets that are reported by providers to the Division of Behavioral Health are more than adequate to provide public information about the state of the behavioral health system and the continuum of care, however, it has been difficult for behavioral health organizations and associations to receive any of these requested insights. Additionally, it will take time to understand the data and results. We request time with the State to better understand the data and methodology in this report. The data contained in the 1115 Waiver Renewal Application used to validate hypotheses has several shortcomings:

1) Data does not support or validate the waiver hypotheses.
    a. For example, paid claims data are used to measure access, quality, and cost neutrality. This is not appropriate because:

i. Access to service means that a service is available. For a service to be included in paid claims data, a service would need to be available to an individual, furnished to a Medicaid recipient and paid by Medicaid in a way that conforms with the measure definition. There can be a substantial gap between availability and Medicaid payment at any time.
ii. The Administrative Services Organization (ASO) is struggling to pay claims timely and correctly. We are concerned that even the reduced subset of access that a paid Medicaid claim would represent is not accurate and complete for the purposes of the evaluation.

a. We request valid and reliable data that can be shared with key stakeholders to determine whether the waiver is making progress in improving access, quality, and cost neutrality.

Department Response –
Please refer to the response for Tribal Comment #10.

Tribal Comment #12 – (ANHB) Workforce Capacity
In order to meet the goals outlined in the 1115 Waiver we need the workforce to not only meet current needs but also to expand to other 1115 Waiver services. Workforce was a challenge before the pandemic. The pandemic has only exacerbated our workforce challenges. The ability to realistically grow and expand services with all of these workforce shortages is extremely challenging. The expansion of the 1115 Waiver services has created more, not less workforce barriers and challenges. This is why our regulatory comments on 1115 Waiver services rates is so critical to expanding 1115 Waiver services across the state.

While not directly tied to aspects of the 1115 Waiver renewal, initiatives to support workforce efforts are critical for us to be able to continue to staff our programs. Partnerships with UAA, APU, and other training programs are critical. Second, we request licensing reciprocity for individuals moving to Alaska. This reciprocity may need legislation, or an emergency regulatory fix—please push for these within the state administration and before the Legislature. Finally, current licensed providers need a reliable and prompt process for licensure renewal. This is a big issue for providers given the time it takes to receive approval. The Division of Corporations, Business, and Professional Licensing needs to receive a subsidy in order to quickly staff up all of its licensing sections.

Department Response –
The department agrees that workforce supply is an ongoing issue that has preceded the waiver and must be addressed to realize the full benefits of the demonstration. While the department appreciates input on potential changes to provider standards, certification requirements are not being addressed through the waiver renewal process, but rather state policy and regulations. The department remains committed to continued partnership with the tribal provider community in identifying regulatory and sub-regulatory strategies to increase the supply of qualified providers, particularly considering upcoming changes to certification requirements. Additionally, the department appreciates the suggestion to engage with educational partners and will explore opportunities to do so.

Tribal Comment #13 – (SCF) Workforce Capacity
To meet the goals outlined in the 1115 Waiver we need the workforce to not only meet current needs but also to expand to other 1115 Waiver services. Workforce was a challenge before the pandemic. The pandemic has only exacerbated our workforce challenges. The ability to realistically grow and expand services with shortages of many types of providers and professionals is extremely challenging. The expansion of the 1115 Waiver services has created more, not less workforce barriers and challenges. While not directly tied to aspects of the 1115 renewal, we recommend the State support these workforce efforts:

1) State and health sector partnerships with, and funding for, University of Alaska Anchorage, Alaska Pacific University, and other training programs are critical.
2) Second, we request licensing reciprocity for individuals moving to Alaska. This reciprocity may need legislation, or an emergency regulatory fix-please push for these within the state administration and before

the legislature. This will allow providers from other areas of the country to more easily come to Alaska to practice behavioral health care.

3) Finally, current licensed providers need a reliable and prompt process for licensure renewal. This is a big issue for providers given the time it takes to receive approval. The Division of Corporations, Business, and Professional Licensing needs to receive a general fund subsidy to fully staff its licensing sections.

Department Response –
Please refer to the response for Tribal Comment #12

Tribal Comment #14 – (ANHB) QAP Certification Requirement

We are concerned about the QAP certification requirement since this came up and the disproportionate impact this requirement has on rural and remote communities in Alaska. During the past 3 years, we have experienced significant turnover and costs to meet these requirements in our provider pool. We appreciate the one-year extension to meet the QAP requirement, but this is still not enough for us to continue to have the workforce to deliver these services.

The State did a nice job in the original SUD Waiver application acknowledging the gap between supply and demand with a plan to decrease that gap. In the Waiver Demonstration renewal application, the state continues to highlight the incredible gap between urban and rural providers. Again, we see in the 1115 Waiver Evaluation Report, which is part of the renewal application, that **no** SUD providers are billing for services in regions 3, 6, 7, 8, and 9—the rural and remote regions of the state.

In addition, the Alaska Commission on Behavioral Health Certification (ACBHC) updated the CDC Counselor II (CDC II) and CDC-Supervisor (CDC-S) requirements effective 1/1/26. A CDC II will require a bachelor's degree and a CDC-S will require a master's degree. Requiring a master's degree for a CDC-S sets a higher standard than their peers who can bill 1115 Behavioral health waiver services under the BH Clinical Associate standards. Without a change to the CDC II QAP requirements these changes will impact all providers, however, these changes will disproportionately impact T/THOs and stop and limit any progress that has been made with the SUD treatment workforce in rural Alaska. There is no data that these new certification requirements lead to better clinical outcomes of care for Alaskans.

The following are recommendations that ANHB has shared with ACBHC and would like the State to help make sure that the following can occur: 1) A pathway remain for those without higher education degrees to become a CDC provider. 2) We recommend removing the requirement for CDC-Supervisors to have a master's degree. This seems like an unnecessarily high standard which is not in alignment with NAADAC requirements for equivalent certification. This would limit the number of hours a master's level therapist could spend in direct care at a time when we are experiencing significant workforce shortages. 3) Additionally, there should be financial support for organizations to support certification costs, plus supervision, or time away from direct care, overtime (alleviating administrative burden)

Department Response –
The department agrees that workforce supply is an ongoing issue that has preceded the waiver and must be addressed to realize the full benefits of the demonstration. While the department appreciates input on enhancements to provider standards, certification requirements are not being addressed through the waiver renewal process, but rather state policy and regulations. The department remains committed to continued partnership with the provider community in identifying regulatory and sub-regulatory strategies to increase the supply of qualified providers. Additionally, the department appreciates the suggestion to engage with educational partners and will explore opportunities to do so.

Tribal Comment #15 – (SCF) QAP Certification Requirement

1) We have been and still are concerned about the Qualified Addiction Professional (QAP) requirement. During the past three years we have experienced significant turnover and costs to meet these requirements. We

appreciate the one-year extension to meet the QAP requirement, but this is still not enough for us to continue to have the workforce to deliver these services.

2) We recommend the State change the QAP requirement from a CDC II to a CDC I. In addition, we ask the State meet with the Alaska Commission on Behavioral Health Certification to discuss the recent changes to the supervision and CDC requirements that will negatively impact all providers. These changes will stop and limit any progress that has been made with the substance use disorder treatment workforce in Alaska. Finally, we have not seen any data that these new certification requirements lead to better clinical outcomes of care for Alaskans.

Department Response –
Please refer to the response for Tribal Comment #14.

Tribal Comment #16 – (ANHB) Administrative Burden
One of the goals of the Senate Bill 74, the legislation authorizing the 1115 Waiver in Alaska, was to reduce administrative burden. Although this is a very broad statement and not specific to the 1115 Waiver, the ASO has added significantly more administrative burden on providers. Tribal Behavioral Health Directors have consistently shared this feedback during their quarterly meeting with state officials. Some examples of this additional administrative burden include:

1) Service Authorizations,
2) Separate 1115 Waiver Enrollment and Claims Process,
3) Level of Care documentation,
4) Difficulty in finding the most recent and accurate regulations, guidelines, etc. needed to start-up these programs.

Service authorizations have been burdensome for years, and the topic has been brought up many, many times to state officials. The 1115 Waiver adds more required service authorizations and prior authorizations for providers. We understand that CMS does require medical necessity to be shown for services, but CMS guidance does not state specifically that this has to be done through service authorizations. We offer recommendations to address administrative burden below:

1) We request medical necessity for behavioral health and SUD services be determined based on the appropriate clinical documentation. The service authorization form is duplicative of what is already present in clinical documentation. Additionally, the disparity in bureaucratic requirements between medical health care and behavioral health care is startling. The number of pages needed to satisfy authorization requirements for managed mental illnesses like bipolar disorder is an order of magnitude greater than for treating managed diabetes or high blood pressure.
2) Reduce barriers to care and overall complexity, such as service authorizations, multiple enrollments, and multiple data entry requirements.
3) Clinical Documentation burden should mirror that of conventional health care documentation requirements.
4) Transportation – Travel parity for behavioral health emergencies. Far too often individuals in rural and remote Alaska are forced to wait days for authorization for transport due to an acute behavioral health crisis. This does not happen for an individual with a physical injury or cardiac emergency.

Department Response –
The department acknowledges the administrative challenges that have resulted from the initial waiver implementation and appreciates this feedback and welcomes input on opportunities to streamline administrative processes. Efforts to improve administrative functions will be pursued outside the scope of the 1115 waiver renewal process through state policy, regulations, and sub-regulatory actions that can be achieved alongside this waiver renewal request. The department also acknowledges the challenges regarding timely and accurate payment of behavioral health and SUD claims and the adverse impacts to providers. The department is actively utilizing its contractual oversight mechanisms with the administrative

services organization (ASO) to monitor compliance with contractual obligations. The department is committed to ongoing partnership and dialogue with providers as these issues are resolved.

Tribal Comment #17 – (SCF) Administrative Burden

One of the goals of the SB74 was to reduce administrative burden. Although this is a very broad statement and not specific to the 1115 Waiver, the ASO has added significantly more administrative burden on providers. Tribal Behavioral Health Directors have consistently shared this feedback during quarterly meetings with state officials.

1) Service Authorizations
2) Enrollment and Claims Process
3) Level of Care documentation
4) Difficulty in finding the most recent and accurate regulations, guidelines, etc., needed to start these programs.

Service authorizations have been burdensome for years, and the topic has been brought up multiple times to state officials. The 1115 Waiver adds more required service authorizations and prior authorizations for providers. We understand that Center for Medicare and Medicaid Services (CMS) does require medical necessity to be shown for services, but CMS guidance does not state specifically that this must be done through service authorizations.

1) We request medical necessity for behavioral health and SUD services be determined based on the appropriate clinical documentation. The service authorization form is duplicative of what is already present in clinical documentation. Additionally, the disparity in bureaucratic requirements between physical health care and behavioral health care is startling. The number of pages needed to satisfy authorization requirements for managed mental illnesses like bipolar disorder is significantly greater than for treating managed diabetes or high blood pressure.
2) We request the State and the ASO reduce barriers to care and overall complexity, such as service authorizations, multiple provider enrollments, and multiple data entry requirements.
3) We request the State reduce the clinical documentation burden. Clinical documentation should mirror that of medical health care since behavioral health and substance use treatment is also healthcare.

Department Response –
Please refer to the response for Tribal Comment #16.

Tribal Comment #18 – (ANHB) Administrative Services Organization

One of the central goals of the waiver was to contract with the ASO to manage the behavioral health system reforms for both waiver and non-waiver services. This experience for the Alaska Tribal Health System has been difficult, costly, and challenging for providers. We can see the outcome of our experience in that **no** SUD providers are billing for Medicaid Services in waiver Regions 3, 6, 7, 8, and 9. These regions represent all the rural and remote areas of Alaska and should greatly alarm state officials. More needs to be done to ensure that Tribal beneficiaries and community members in the most rural and remote parts of Alaska have access to these services in their communities and regions.

We want to make sure that the challenges that have impacted the ability for Tribal providers to either transition or stand up these services are heard by state officials:

1) Enrollment and the start-up process are very cumbersome and confusing. Responses to requests for guidance and clarification have been inconsistent among T/THOs.
2) Claims processing and timely payments have been a huge administrative burden for organizations and have jeopardized the financial viability of many providing organizations across the state.
3) In addition, because so many measures are based on claims data, we are concerned that the failure to process claims in an accurate and timely manner may impact the accuracy of the measures reported in the waiver renewal application.

4) Most of us are part of a larger THO system that has a separate process for enrollment and billing. The difficulties associated with the ASO have led to our organizations having to hire additional staff to enroll and bill for 1115 Waiver services.
5) We have significant concerns about the re-start of service and prior authorizations. The behavioral health system in Alaska has not been burdened by service and prior authorizations for years now, nor have the staff at the ASO. However, once the federal PHE expires these requirements will come crashing back down on providers, organizations and the ASO. It is unclear if there are still staff remaining with the ASO who have experience with these authorizations.
6) In addition, we have concerns about the ASO's ability to carry out their contractual obligations including reducing administrative burden and reporting measures outlined in the ASO contract.
7) As the ASO hires more staff, we request that those employees are familiar with Alaska and the Tribal health system in our state. THO staff that interact with Optum often report having to educate these national employees about Alaska and the Tribal health system.

Department Response –

The department appreciates this feedback and welcomes input on opportunities to streamline administrative processes while maintaining compliance with federal guidance and state licensing requirements. Efforts to improve administrative functions will be pursued outside the scope of the 1115 waiver renewal process through state policy, regulations, and sub-regulatory actions that can be achieved alongside this request for ongoing authorities. The department is open to partnering with providers to explore additional administrative improvements and provider supports.

The department acknowledges the challenges experienced by providers regarding timely and accurate payment of behavioral health and SUD claims and the adverse impacts to providers. Efforts to improve administrative functions will be pursued outside the scope of the 1115 waiver renewal process. Specifically, the department is actively utilizing its contractual oversight mechanisms with the ASO to monitor compliance with contractual obligations. The department is committed to ongoing partnership and dialogue with providers as these issues are resolved.

The department would also like to clarify the data referenced in Table 5-7 of the Interim Evaluation. Since claims data are tied to the provider's primary location, rather than a provider's satellite location or location of the beneficiary, the department cannot determine where a service was provided, particularly in cases where a beneficiary located in regions 3, 6, 7, and 9 may have been served by a provider whose primary location is in one of the other regions, such as in a primary hub city or community, either in-person or via telehealth. Going forward, the department plans to investigate alternative data sources and/or methodologies for the summative evaluation that would report the location of the client receiving such services from a qualified addiction professional (QAP), rather than only the location of the provider.

Tribal Comment #19 – (SCF) Administrative Services Organization

One of the central goals of the waiver was to contract with an ASO to manage the behavioral health system reforms for both waiver and non-waiver services.

This experience for the Alaska Tribal Health System has been difficult, costly, and challenging for providers. We can see the outcome of our experience in that ZERO SUD providers are billing for Medicaid services in waiver Regions 3, 6, 7, and 9.

Some of the complexity and challenges that we have experienced with the ASO include:

1) Enrollment and the startup process is very cumbersome and confusing. The ASO has given inconsistent responses to providers for the same information.
2) Claims processing and timely payments have been a huge administrative burden for organizations and have jeopardized the financial viability of many providing organizations across the state.

3) Because so many measures in the renewal application are based on claims data, the failure of the ASO to process claims in an accurate and timely manner may impact the accuracy of the measures reported in the renewal application.
4) Most Tribal Health Organization (THO) 1115 Waiver providers are part of a larger Tribal health system and have a separate process for enrollment and billing. The difficulties associated with the ASO have led to organizations including SCF to hire additional staff to enroll and bill for 1115 Waiver services.
5) The re-start of service and prior authorizations is a major source of concern. The behavioral health system in Alaska has not been burdened by service and prior authorizations for years now, nor have the staff at the ASO. However, once the federal Public Health Emergency (PHE) expires these requirements will come crashing back down on providers, organizations, and the ASO. It is unclear if there are staff remaining with the ASO who have experience with these authorizations.
6) In addition, there are concerns about the ASO's ability to carry out their contractual obligations including reducing administrative burden and reporting measures outlined in the ASO contract.
7) As the ASO hires more staff it will be vital that those employees are familiar with Alaska and the Tribal Health System. THO staff that interact with Optum often report having to educate these national employees about Alaska and the Tribal health system.
8) We recommend the State reduce barriers to care and overall complexity, such as service authorizations, multiple enrollments, and multiple data entry requirements.

Department Response –
Please refer to the response for Tribal Comment #19.

Tribal Comment #20 – (ANHB) Health Homes and Certified Community Behavioral Health Clinics
The 1115 Waiver renewal application references exploring innovative delivery system initiatives, such as a state plan option to implement health homes or the federal Certified Community Behavioral Health Clinic (CCBHC) demonstration which may complement the behavioral health reform waiver. The application present these as opportunities to bring additional resources to Alaska and build integrated capacity to support this objective. We have questions about what the state is proposing with medical homes and CCBHC. We expect to be at the table prior to submitting any demonstration applications and prior to implementation of any new regulations.

Department Response –
The department appreciates the support for the waiver renewal application and appreciates input on future enhancements to the behavioral health delivery system. The department will be considering further delivery system enhancements, such as health homes and CCBHCs as reform efforts continue, either through waiver amendments or alternative regulatory pathways. The department is committed to ongoing partnership with providers and community members and appreciates the suggestion for the creation of a shared vision.

Tribal Comment #21 – (SCF) Health Homes and Certified Community Behavioral Health Clinics
The Waiver application references exploring innovative delivery system initiatives such as a state plan option to implement health homes or the federal Certified Community Behavioral Health Center (CCBHC} demonstration which may complement the Behavioral Health reform waiver, present opportunities to bring additional resources to Alaska, and build integrated capacity to support this objective.
We recommend that the Tribal health system be consulted and informed about what the State is proposing with health homes and CCBHCs prior to any applications being submitted or any of these programs being implemented.

Department Response –
Please refer to the response for Tribal Comment #20.

Tribal Comment #22 – (ANHB) Evidence-Based System for Clinical Guidelines
The 1115 Waiver renewal application references creating an evidence-based system for clinical guidelines. Treatment should be customized for individuals and providers should have flexibility to choose the tools based on

what is clinically appropriate for the individual and populations that we serve. We are concerned about requiring any clinical assessment that is not culturally sensitive. We request that the Alaska Tribal Health System is included in any process related to establishing evidenced-based system for clinical guidelines, in order to ensure that any additional screenings or assessment tools are culturally sensitive.

> Department Response –
> The department recommends that screening tools used under the waiver for screening cover mental health, substance use disorder, and trauma. The department has not mandated the use of a particular tool exclusively and encourages providers to select an evidence-based screening tool that best meets the needs of the individual served.

Tribal Comment #23 – (ANHB) Screening, Brief Intervention, and Referral to Treatment Reimbursement
Reference to exploring opportunities to compensate providers for SUD and mental health screenings outside of a behavioral health setting. We applaud the State's effort to move toward reimbursement for screenings and brief intervention being delivered in primary care settings. We request to be part of the conversation as this continues to move forward. We agree with the Waiver goal to focus on prevention and early intervention services. For screening and intervention services to be sustainable in a non-behavioral health setting, providers need to be able to bill and receive payment for those services.

> Department Response –
> The department appreciates the support and agrees that it is necessary to reimburse providers outside of behavioral health settings to improve the system's ability to provide early interventions for behavioral health needs. The department is committed to ongoing partnership with the Alaska Tribal Health System as any changes to clinical and administrative processes are contemplated.

Tribal Comment #24 – (SCF) Screening, Brief Intervention, and Referral to Treatment Reimbursement
The State should explore opportunities to compensate providers for SUD and mental health screenings that take place outside of a traditional behavioral health setting. The State's effort to move toward reimbursement for screenings and brief intervention being delivered in primary care settings is promising. We request to be part of the conversation as this continues to move forward.

The waiver goal to focus on prevention and early intervention services is vital. For screening and intervention services to be sustainable in a non-behavioral health setting, providers need to be able to bill and receive payment for those services.

> Department Response –
> Please refer to the response for Tribal Comment #23.

Tribal Comment #25 – (ANHB) Department of Justice Report and Continuum of Care
We acknowledge that the issues resulting in the Department of Justice (DOJ) report pre-dated the original 1115 Waiver. However, strategic implementation of changes to the behavioral health system, especially in rural Alaska, through the 1115 Waiver can remediate the underlying issues that resulted in the DOJ report. We agree with the goal of rebalancing the current system of care to reduce Alaskans over-reliance on acute, institutional care and shift to more community-based or regionally-based care. The waiver mechanisms should also focus attention on community care for priority populations like children at risk of hospitalization or institutional placement.

The ATHS is extremely concerned about the content of the DOJ report and the most recent death of an Alaska Native youth in out-of-state placement. This is truly heartbreaking and an emotional time for many Alaska Native people who experienced similar situations with boarding schools.

We need to come together quickly to make sure that our Alaska Native children are able to receive the needed behavioral health and substance use disorder treatment services in their communities, regions or within the State. In order to do this, we need to partner with DOH on the following:

1) Infrastructure funding,
2) Technical assistance for starting up new programs,
3) Programmatic start-up funding for the first 3 years and possibly ongoing,
4) Workforce,
5) Housing for providers,
6) Data to drive system improvements and investments.

Many of the 1115 Waiver services seem to be focused on urban areas. We encourage the State to engage with TBHD to evaluate and plan for 1115 Waiver services and discuss modifications to the service descriptions so that these services can be offered in regions.

Additionally, while the DOJ report focuses on the tragedy of children being sent out of state for institutional treatment, it is important to note that a similar story plays out with far too many adults being sent out of state for behavioral health treatment—stories that would not need to be repeated if the State played a stronger role in starting up services across the nine waiver regions.

Department Response –
The department recognizes the tragic loss of life and acknowledges that it is both urgent and essential to reduce the over-reliance on institutional and out-of-state care. The department strongly agrees that continued efforts toward implementing the robust continuum of community-based care envisioned by the 1115 waiver are the solution; however, achieving this goal requires the expertise of our tribal partners. The department also acknowledges the effort and investment necessary for providers to build new services and recognizes the need for start-up resources and ongoing provider support and training on the 1115 waiver services. Efforts to improve provider capacity and modifications to service definitions will be pursued outside the scope of the 1115 waiver renewal process. The department remains committed to operational planning and partnership with the Alaska Tribal Health System in strategically identifying mechanisms and resources to support start-up costs and system capacity building, particularly in rural regions.

Tribal Comment #26 – (SCF) Department of Justice Report and Continuum of Care
The issues resulting in the Department of Justice (DOJ) report pre-dated the original 1115 Waiver. However, strategic implementation of changes to the behavioral health system, especially in rural Alaska, through the 1115 Waiver can remediate the underlying issues that resulted in the complaints that led to the report. The goal of rebalancing the current system of care to reduce Alaskans' over-reliance on acute, institutional care and shift to more community-based or regionally-based care is laudable. The waiver mechanisms should also focus attention on community care for priority populations like children at risk of hospitalization or institutional placement.
SCF is concerned about the content of the DOJ report and supports efforts to ensure that Alaska Native children are able to receive needed behavioral health and substance use disorder treatment services in their communities, regions, or within the State. To do this, the Department of Health needs to partner with THOs and the broader health sector on the following:

1) Infrastructure funding
2) Technical assistance for starting up new programs
3) Startup funding for the first 3 years and possibly ongoing
4) Workforce
5) Housing for providers
6) Data to drive system improvements and investments

Department Response –
Please refer to the response for Tribal Comment #25.

Tribal Comment #27 – (ANHB) Tribal Engagement and Collaboration Process

We request an agreed upon process for the DOH and ATHS to formally determine how we will collaborate to ensure 1115 Waiver services are available in regions across Alaska and work to remove any barriers for implementing these services. We were discouraged to see a comment in the report about lack of CMS guidance on how the State will work with Tribes. We respectfully disagree and believe we have a good working relationship and can come up with a way to work together to achieve these goals.

The application references that the State is fully committed to supporting providers and reducing administrative burdens within the program throughout the extension period. The TBHD created a workgroup to explore ways to reduce administrative burden with our State partners. However, state officials' participation in this group ended after 2 meetings. We need the State to commit to working with providers to reduce barriers and challenges that are faced by all providers but impact T/THOs significantly due to workforce shortages and limited resources in rural and remote parts of Alaska.

The State of Alaska and Division of Behavioral Health will need Tribal Behavioral Health providers' clinical expertise in order to meet the improved health and wellness outcomes described in the 1115 Waiver application. Tribal providers need data, collected by the Division, in order to lead our efforts and respond to the needs of Alaskans. Up to now, the State of Alaska and DBH has attempted to impose clinical expertise on Tribal (and non-Tribal) providers while withholding data from them. We request a paradigm shift in this area. The State of Alaska and the Division of Behavioral Health should not impose regulations without supplying data that back up the changes. The changes suggested by providers are our best efforts at improving the system; if our suggestions are invalid then we would like to know, empirically, why. We would like to hear the State's recommendation on how we can partner together on the 1115 Waiver Tribal-specific recommendations.

> Department Response –
> The department appreciates the feedback and commits to ongoing dialogue and collaboration with the Tribal health system to overcome the administrative challenges and improve upon our early experiences in implementing the 1115 waiver. As mentioned previously, the department is open to exploring ways to improve data sharing and transparency.

Tribal Comment #28 – (SCF) Expansion to Rural Areas

Many of the 1115 Waiver services seem to be focused on urban areas. 1115 Waiver services should be evaluated for possible modifications that would permit these services to be offered in rural areas. We request that the State discuss any planning or modifications to the service descriptions with the Tribal behavioral health directors so that these services can be offered in all regions.

> Department Response –
> The department appreciates the feedback and commits to ongoing dialogue and collaboration with the Tribal health system to explore the challenges and potential solutions when implementing 1115 Waiver services in rural regions. An essential goal of the 1115 Waiver is to increase access to the expanded community-based service array in urban and rural communities or regionally. The department recognizes the subject matter expertise of the tribal health system and is committed to improving service availability under the waiver in rural areas.

Tribal Comment #29 – (ANHB) Closing Comment

We thank the State for engaging in Tribal Consultation on the 1115 Waiver renewal application. While there are many areas of concern, we still wish to work collaboratively to make the waiver successful.

> Department Response –
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> The department appreciates the depth and breadth of feedback received and acknowledges that the implementation of the waiver is what will ultimately determine its success. Our ability to partner and engage in meaningful dialogue will keep the collective work moving in the right direction.

Tribal Comment #30 – (SCF) Closing Comment
Thank you for your considerations of our recommendations. With the increase in need for behavioral health and substance use treatment we are committed to ensuring the success of the 1115 Waiver services.

Department Response –
Please refer to the response for Tribal Comment #29.